

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

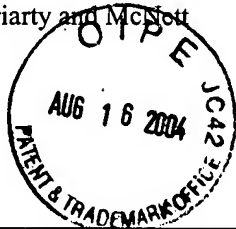
**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 06/15/2004

Woodard, Emhardt, Naughton, Moriarty and McNett  
Bank One Center/Tower  
Suite 3700  
111 Monument Circle  
Indianapolis, IN 46204-5137



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Brian A. Schepers (Depositor's name)  
[Signature] (Signature)  
August 12, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,096	01/17/2002	James L. Chappuis	4002-2923/PC664.00	5835

TITLE OF INVENTION: SURGICAL INSTRUMENTATION AND METHOD FOR FORMING A PASSAGE IN BONE HAVING AN ENLARGED CROSS-SECTIONAL PORTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAXTER, JESSICA R	3731	606-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

WOODARD, EMHARDT, MORIARTY, McNETT & HENRY LLP  
PATENT AND TRADEMARK ATTORNEYS  
BANK ONE CENTER TOWER  
111 MONUMENT CIRCLE, SUITE 3700  
INDIANAPOLIS, INDIANA 46204-5137

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SDGI Holdings, Inc.

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3030 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

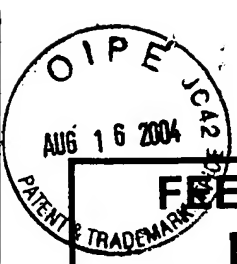
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08/17/2004 SHASSEN2 00000013 10052096

01 FC:1501  
02 FC:1504

1330.00 OP  
300.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL FOR FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27  
Total Amount of Payment (\$) 1630.00

## Complete if Known

Application Number 10/052096  
Filing Date 01/17/2003  
First Named Inventor James L. Chappuis  
Group Art Unit 3731  
Examiner Name Baxter, Jessica R.  
Attorney Docket Number 4002-2923

## METHOD OF PAYMENT

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

### Deposit Account:

Deposit Account Number 23-3030  
Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility Filing Fee	
1002	340	2002	170	Design Filing Fee	
1003	530	2003	265	Plant Filing Fee	
1004	770	2004	385	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1) (\$)					

### 2. EXTRA CLAIM FEES

Total Claims 20 = 20 X 1 = 20  
Independent Claims 3 = 3 X 1 = 3  
Multiple Dependent    =    X    =   

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

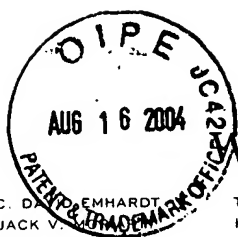
### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner's Action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner's Action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	1330
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other Fee (specify) <u>Publication Fee</u>					300
* Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$)					1630.00

SUBMITTED BY: Name (Print/Type) Brad A. Schepers Registration No. (Attorney/Agent) 45,431 Telephone (317) 634-3456  
Signature Brad A. Schepers Date August 12, 2004

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If you need any assistance in completing this form, call 1-800-PTO-9199 and select option 2.



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August 12, 2004

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P.O. Box 1450  
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Sir:

The enclosed PTO-2038 form authorizes the issue fee and publication fee payments in the amount and manner set forth below to be charged to the American Express Card number stated on said form. Please charge any additional fees which may be due or credit any overpayments to deposit account No. 23-3030.

1. Issue fee due on James L. Chappuis application, Ser. No. 10/052,096 entitled SURGICAL INSTRUMENTATION AND METHOD FOR FORMING A PASSAGE IN BONE HAVING AN ENLARGED CROSS-SECTIONAL PORTION - see attached sheet.

\$ 1330.00

2. Publication fee due on patent serial No. 10/052,096 - see attached sheet

300.00

TOTAL BALANCE TO BE PAID:

\$ 1630.00

Sincerely,

*Kari K. Woehler*  
Kari K. Woehler

lds  
Enclosures

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 12, 2004.

Brad A. Schepers

Name of Registered Representative

*Brad A. Schepers*

Signature

August 12, 2004

Date of Signature